

# REQUEST FOR MEDIATION

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## SECTION I. OFFER TO MEDIATE

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On this date of \_\_\_\_\_ mediation is offered

**To:**

Producer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

**By:**

USDA Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

For the adverse determination made by the \_\_\_\_\_ concerning

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## SECTION II. REQUEST FOR MEDIATION

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I hereby request mediation of the adverse determination described in Section I. In completing this section of the request, I certify that I

1. am aware that this request must be completed and sent within \_\_\_\_\_ days of the date of this offer to mediate in Section I to  
Nevada Agricultural Mediation Service  
Nevada Division of Agriculture  
350 Capitol Hill Avenue  
Reno, NV 89502
2. agree to pay a processing fee of \$25.00 which is enclosed with this request for mediation (money orders, personal checks or cash are acceptable)
3. agree to pay a fee of \$25 00 for each hour the mediation sessions are in progress as will be billed to me by the Nevada Agricultural Mediation Service (NAMS)
4. will complete Section III to provide the names and address of persons who I feel have an interest in or are affected by the adverse determination and should and/or will be present duration mediation.
5. hereby give permission to the NAMS to release the information provided on the mediation request form to the mediator assigned to the case. I understand this information is being released for the

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purpose of mediation only and shall not be released for any other purpose without my permission.

6. By returning this completed request form, I am consenting to participate in mediation.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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### SECTION III. OTHER PERSONS OR ENTITIES TO PARTICIPATE IN THE MEDIATION

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Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
email \_\_\_\_\_ email \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
email \_\_\_\_\_ email \_\_\_\_\_

(If more than four persons have an interest in, or are affected by the adverse determination and should, or will, be present during mediation, include their names, address and other contact information on an attached sheet.)

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### SECTION IV. AGENCY AGREEMENT TO PARTICIPATE

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The \_\_\_\_\_ hereby agrees to participate in good faith in mediation of the matter outlined in Section I if so requested by the producer shown in Section I.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)